

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LEGPAC**A.** Full Name (Last, First, Middle Initial)  
FRANK KRATOVIL FOR CONGRESSMailing Address 222 Main Sail Drive  
PO Box 518City State Zip Code  
Stevensville MD 21666Purpose of Disbursement  
ContributionCandidate Name  
FRANK M KRATOVIL, Jr.Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 01

Transaction ID: SB23.4978

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF BARBARA BOXER

Mailing Address PO BOX 411176

City State Zip Code  
LOS ANGELES CA 90041Purpose of Disbursement  
ContributionCandidate Name  
BARBARA BOXERCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: SB23.4979

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
MIKULSKI FOR SENATE COMMITTEE

Mailing Address P O B 13147

City State Zip Code  
BALTIMORE MD 21203Purpose of Disbursement  
ContributionCandidate Name  
BARBARA A MIKULSKICategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District:

Transaction ID: SB23.4952

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....